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## CLIENT EXPERIENCES IN POSTLUDE DISCUSSIONS IN GUIDED IMAGERY AND MUSIC (GIM)<sup>1</sup>

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### ABSTRACT

The purpose of this phenomenological study was to better understand clients' experiences of the postlude discussion phase in Guided Imagery and Music (GIM). Individual open-ended qualitative interviews were conducted with eight GIM clients in order to gather their reflective perspectives on experiences that occurred in the postlude discussion phase. Stories were created from each participant's descriptions and *helpful* and *not helpful* essences were extracted. A cross-case analysis revealed that these essences fell into four theme categories: (a) client-therapist relationship, (b) structure of the postlude discussion, (c) perceived impact of the music listening phase on the postlude discussion, and (d) perceived overarching impact of the postlude discussion. Implications for research, theory, practice, and training are discussed.

### INTRODUCTION

The Bonny Method of Guided Imagery and Music (GIM) is perhaps the most internationally known model of receptive music therapy (Wigram, Pedersen, & Bonde, 2002). Developed in the 1970s by Helen Bonny, GIM was designed to facilitate an individual's exploration of consciousness through imagery experiences evoked through music listening. Imagery experiences may include visions, thoughts, feelings, memories, fantasies, and/or body sensations (Grocke, 2005).

In its entirety, an individual GIM session is composed of *five phases*. It begins with a *preliminary conversation* wherein therapist and client discuss pertinent concerns or goals. Nonverbal techniques such as musical improvisation or mandala or circle drawing may also be utilized to identify issues for further exploration in the session. During this phase, the therapist is to "build a supportive line of contact" (Bonny, 2002, p. 274) with the client by being an encouraging and sympathetic listener. In the second phase, the client reclines, and the therapist guides the client through an individualized *relaxation induction* and then provides a starting image. The starting image usually refers in some way to the clinical material that emerged in the preliminary conversation. In the third phase (*music listening*), the client listens to specially designed classical music

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<sup>1</sup> This paper was blindly reviewed by QIMT reviewers selected by Kenneth Bruscia. Dr. Bruscia then forwarded all change recommendations to me and reviewed the final corrected version for approval.

programs lasting 20 to 45 minutes and spontaneously creates images to the music. The client verbally reports his or her inner experiences to the therapist, who in turn verbally responds in a nondirective, nonanalytical, and supportive manner (Bruscia, 2002a, 2002b). The therapist transcribes the dialogue for future reference. When the music ends, the imagery is brought to a close and the therapist uses verbal suggestions to help the client *return* to a normal state of consciousness. The return is the fourth phase. The fifth phase is the *postlude discussion*, during which the client and therapist review and reflect upon the client's music-imagery experience by using verbal discussion, mandala drawing, clay work, journaling, or other techniques. A typical session lasts 1½ to 2 hours. The client leaves the session with a copy of the transcript and may also take his or her creative expressions (e.g., artwork), which may be utilized for further private reflection. The therapist reviews the session, noting key themes, images, or issues, and plans future sessions.

As a GIM client, trainee, and practitioner, I have had the opportunity to experience and observe how several GIM therapists work. It is always interesting to note similarities and differences among them, particularly in terms of individual styles, approaches, and techniques. Although therapists demonstrate some unique qualities in the ways in which they conduct the preliminary conversation, carry out the induction, and guide during the music listening phase, it is my opinion that some of the most interesting differences among therapists appear in the postlude discussion phase—particularly in the use of nonverbal modalities and in the very nature of the discussion.

Some therapists use nonverbal modalities such as mandala drawing or clay sculpting to reflect upon or work through the imagery material before any verbal discussion occurs, while others begin the postlude with verbal processing or discussion and may or may not use nonverbal modalities. The nonverbal modality most often used in the postlude discussion is the mandala, a circle drawing that the client fills with designs and colors, using chalk or oil pastels. Bonny started to incorporate the mandala into GIM sessions early in her work with LSD, under the guidance of art therapist Joan Kellogg. Bonny then did several research projects with Kellogg and other colleagues on the use of the mandala in conjunction with GIM. In a study by Kellogg, MacRae, Bonny, and DiLeo (1977), the researchers concluded that

the drawing of the mandala at the close of the session was useful in several ways. Immediately following experiences that were sometimes very intense, concentration on the making of a circular design gave the client a needed opportunity to unwind. In doing so, she gave outward expression to the inward experience of the preceding hour. . . . There is evidence that it can provide not only a valuable diagnostic tool but also a way of checking on the therapist's impressions—even at the time, a source of valid predicting that may warn us of the pitfalls and guide us in the direction of constructive therapeutic maneuvers. (p. 126)

Bonny's proponents have also explored the clinical significance of the mandala (Bush, 1992; Ventre, 1994). In addition to the mandala, GIM therapists also differ in their use of other nonverbal modalities, such as clay work, journaling, and sand play. Very little, if anything, has been written about the clinical use and significance of these modalities.

The differences in how and when nonverbal modalities are used in the postlude vary considerably, as does the nature of verbal conversations after the music imaging. Some therapists simply support and reflect back whatever the client says about the imagery experience and generally avoid directing the discussion; others point out and probe significant moments in the imagery and facilitate a somewhat more directed dialogue. Some therapists do not encourage interpretation of the images on any level; some therapists encourage the client to interpret the images for him- or herself; and other therapists work together with the client to make meaning out of the client's experience. Some therapists link material of the postlude to the preliminary conversation; others make links to the client's present life; and still others make links to the client's past. Additionally, the verbal discussion is sometimes followed by a suggestion to participate in a creative processing experience (e.g., mandalas, writing, or movement), and sometimes no creative option is suggested. If a creative experience does occur, some facilitators allow for private time with the medium (e.g., by leaving the room for a brief period or creating physical distance between therapist and client), while others do not leave the client alone. Some interact with the client during the creative process, while others wait until the client has finished before continuing on with the verbal dialogue.

With the exception of articles that have analyzed the significance of clients' mandala drawings, and one study on how clients used metaphors to describe their experience of each phase of a GIM session (Zanders, 2008), very little has been written about the postlude discussion phase and its impact on the efficacy of the GIM process. It is likely that the variations outlined above have evolved out of individual practitioners' training and clinical experiences, differences in clientele, and differences in theoretical orientations. However, we know very little about how clients experience the postlude discussion and what effects these experiences may have on them and their overall therapeutic processes. Additionally, no formal theory exists to provide GIM therapists, trainers, and/or trainees with a comprehensive and integrated way of thinking about the postlude discussion phase in GIM. We need to know more about this area of GIM practice so that therapists can enlarge their current perspectives and so that GIM trainers can provide trainees with clear and foundational information on how to facilitate effective postlude discussions with their clients. Ultimately, and most importantly, this information would benefit GIM clients because of the potential positive impact on practice.

A need for inquiry into the proposed area of study was indicated by the fact that there is very little information available on the impact of the postlude discussion phase on GIM clients and their therapeutic processes, yet this phase of the session is of great importance to the client's understanding of GIM and the therapeutic process itself. Therefore, the purpose of this study was to better understand clients' experiences of the postlude discussion phase in GIM.

## RELATED LITERATURE

### The Postlude Discussion Phase

Although research on the postlude discussion phase is limited, several authors have provided general descriptions of its perceived role in the overall GIM process. Bonny (1978a, 2002) originally referred to this phase as the "postsession integration" and

described it as a time for the client to “recover” the psyche (i.e., close it up) and share with the therapist only what feels “easy and natural” (Bonny, 2002, p. 283). Bonde (2000) described the postlude as a return to “normal cognitive mode ... using the imagery as a bridge—potentially synthesizing the well known and the unknown into insights of the client (and the therapist) through metaphoric and cognitive dialogue” (p. 63). Short, Gibb, and Holmes (2011) referred to the postlude as a “Cumulative Discussion” wherein the client may gain insights about the preceding music and imagery experience and where further information about meanings and associations that are unique to that client (including cultural information) may emerge.

Although the procedural components of the postlude phase are not fixed and may vary according to client need, some authors have suggested therapeutic interventions that may be used during this phase. In addition to the mandala writings cited above, Pickett (1994) outlined a developmental series of movement exercises and recommended that these be utilized to process psychological material in either the relaxation induction phase or postsession phase. Bruscia (n.d.) described seven interventions that may be used in the postlude discussion phase to help process the GIM experience and bring closure to the session. These include: (a) techniques to help the client return to here-now reality, (b) techniques for eliciting reactions to the imagery experience, (c) asking the client to elaborate on selected images, (d) helping the client to connect images to one another, (e) helping the client to identify repeated patterns in his/her imagery, (f) helping the client to relate imagery to his/her own life, and (g) reassuring the client about his/her imaging, imagery, and personal journey.

Although these writings provide interesting and helpful information, it is not known what impact these interventions have on clients’ experiences of the postlude discussion phase or on their perceptions of their overall therapeutic processes. Furthermore, they do not indicate under what circumstances specific interventions should or should not be employed.

One qualitative study was found that is particularly relevant to the current inquiry. Zanders (2008) examined the metaphors that nine clients (who were also GIM therapists or trainees) used to describe their experiences of each procedural component (phase) of a GIM session. Two overarching themes emerged from the metaphors that clients used to describe their postlude discussion experiences: (a) employing the postlude as a resource and (b) being submerged in the music and imagery experience. A common theme that emerged among all phases was the active intention that each client made to immerse him- or herself in each phase of the session with a purpose. Although the present inquiry has a similar limitation, it should be noted that all of the participants in Zanders’s study had completed some training in GIM and that their knowledge or experience may limit the applicability of the results. Furthermore, the participants’ descriptions focused primarily on constructive experiences that fulfilled a perceived clinical purpose. Difficult or confusing experiences do occur in GIM sessions, but the interviews contained limited references to these types of experiences: (a) one client described a “bad” postlude experience as “two movies going on at once, my movie and the guide’s movie” (Zanders, 2008, p. 61) and (b) another client described the postlude as “like trying to put the pieces together of a big 3-D puzzle (p. 60). Research containing broader perspectives on clients’ experiences of the postlude, including various kinds and qualities of experiences, is

needed. The current study addressed this need within the context of the postlude discussion phase.

## Other Phases

Several studies done on other phases of the GIM session have yielded valuable insights. The music listening phase has been examined from a variety of perspectives. This information has direct relevance for the postlude discussion phase because it is during the postlude that the music listening experience is initially processed and/or reflected upon. Approaches to analyzing the music have been explored for the purpose of developing new programs (Bonny, 1978b; Cohen, 2003–2004); to evaluate cause-effect relationships between the music and the resulting imagery/responses (Ferrara, 1984; Grocke, 1999a; Hanks, 1992; Kasayka, 1991; Lem, 1998; Marr, 2001; Skaggs, 1994); and to discover the nature of a given program's inherent potentials (Abrams, 2002a; Bonny, 1993; Booth 1998–1999; Bruscia, 1999; Dutcher, 1992; Summer, 1995). Other studies have analyzed and described the impact of music on the imagery (Band, 1996; Band, Quilter, & Miller, 2001–2002; Bonde, 1997; Burns, 2000; Grocke, 1999a; Lewis, 1998–1999; Marr, 2001; McKinney, 1990; McKinney & Tims, 1995). Overall, these studies found that the music often increased the intensity of emotions that were experienced during the music listening phase and that the use of selected music enhanced several aspects of the imagery.

Two qualitative studies that are particularly relevant to the present study also examined client perspectives, but on the music phase rather than the postlude. Abbott (2005) examined clients' positive and negative experiences with the music in BMGIM and how those experiences affected them. She found that "[both positive and negative] music experiences provided the participants with circumstances in which they could experience, examine, and work to change their relationships with themselves, others, and life, each in their individual ways" (p. 57). Summer's (2009) doctoral dissertation research explored client versus therapist perceptions and understandings of the music when the therapist takes a very music-centered approach to GIM. She found that while "BMGIM transforms the client's state of consciousness through the development of images, music-centered GIM transforms the state of consciousness by developing the [client's] relation to the music program through the use of repeated music and music-centered guiding interventions" (p. 311).

Surprisingly, none of the above publications indicated any implications for the postlude discussion phase. Research on the postlude discussion phase and its relationship to the music listening phase could potentially help practitioners to anticipate and/or make more informed decisions about what specific postlude interventions may be most effective for particular music listening programs or particular types of music listening experiences. This in turn could enhance clients' experiences of the postlude discussion phase and/or influence their perceptions of their GIM experiences in general.

The imagery itself is a key component of the GIM experience and, as noted above, it is also used to inform the processing that occurs in the postlude discussion phase. Bunt (2000) studied transformations of imagery that paralleled changes in the music and described these transformations as being unique to each client. Jungian archetypes have been used to explain the significance of certain images (Clark, 1991; Erdonmez, 1995; Tasney, 1993; Ward, 2002; Wick, 1990). Brooks (2000) studied the

occurrences of anima imagery in male clients and its relationship to individuation. Bonde (2004) used Paul Ricoeur's theory of metaphor and narrative to gain a deeper understanding of the imagery that occurs in GIM. Although specific theoretical frameworks were used to interpret the imagery, none of these publications was specific in terms of what techniques were utilized to process the imagery with clients or how processing this imagery in the postlude discussion phase may have affected clients' perceptions of their overall therapeutic processes. This information could have provided GIM practitioners, trainers, and trainees with important additional knowledge.

Other articles have addressed techniques utilized by therapists when guiding clients during the music listening phase or when facilitating the relaxation induction. Pickett (1996–1997) suggested increasing the level of directiveness used by the therapist in relation to specific client needs (e.g., head trauma). Clarkson (2001–2002) applied aspects of awareness meditation to the guiding process as a way of helping therapists to be less distracted by their own reactions and more focused on the client's process. Band (1996) and Band, Quilter, and Miller (2001–2002) found that there were no significant differences in the imagery experience that could be attributed to the use of structured vs. unstructured inductions. As previously mentioned, similar information on what techniques GIM therapists utilize in the postlude discussion phase and how clients experience these techniques would provide practitioners, trainers, and trainees with increased understanding about this phase of the GIM process.

Finally, Short, Gibb, and Holmes (2011) created an integrated approach to understanding meaning in BMGIM by analyzing text contained in all phases of 31 individual BMGIM sessions using a Jungian interpretive system. Although the postludes were included in the analysis, specific techniques utilized during this phase or the relative contributions of this phase to the overall meaning or outcomes ascribed to the sessions were not explored.

## Studies on Client Outcomes in GIM

The present study was specifically concerned with clients' perspectives on their postlude discussion experiences in GIM. Although this subject matter has not been addressed in its own right, a significant amount of literature does address the effects of GIM on various aspects of the client's life experience. It is necessary to consider the relevance of this information to the current topic of investigation.

Clients' perceptions of their own moods both before and after GIM intervention have been measured in several quantitative studies through administration of the Profile of Moods States (Burns, 1999, 2001; McKinney, Antoni, Kumar, & Kumar, 1995; McKinney, Antoni, Kumar, Tims, & McCabe, 1997). Overall, results indicated that subjects experienced less depression, improved mood, and/or increased quality of life after GIM intervention. Similarly, Wrangsjö and Körlin (1995) found that GIM helped psychiatric clients to demonstrate significant improvements in seeing life as comprehensible, manageable, and meaningful, as measured by the Sense of Coherence Scale. These clients also experienced decreases in most symptoms on the Hopkins Symptom Check List and a significant decrease in perceived interpersonal problems (Inventory of Interpersonal Problems). A follow-up study conducted in 2000 by the same researchers (Körlin & Wrangsjö) supported their earlier findings. Moe, Roesen, and

Raben (2000) found that psychiatric patients reported a high level of satisfaction and positive feelings (Global Assessment of Functioning Scale and interviews) after participation in a series of group GIM sessions. Slightly different results were reported by McKinney and Antoni (2000), who asked subjects to write two 30-minute essays (pretest essay and posttest essay) about the most stressful event of the previous 2 months. Subjects were randomly assigned to GIM or wait-list control conditions. They found that GIM participants wrote significantly fewer positive emotion words in their posttest essays (i.e., after GIM intervention), while those in the control group showed no pre-/post- change. They concluded that the GIM process may encourage one to describe stressful events with congruent emotion rather than use incongruent emotion words. They also found that fewer positive emotion words as well as more negative emotion words were both significantly correlated with lower posttest levels of mood disturbance and serum levels of cortisol.

Clients' perceptions pertaining to levels of grief and pain experienced before vs. after GIM intervention have also been investigated. Little (1999) used the Grief Experience Inventory in a study of hospice staff and volunteers and found that while there were no significant changes for the control group (i.e., no GIM sessions), the experimental group experienced a significant reduction in despair following six biweekly individual GIM sessions. Jacobi and Eisenberg (2001–2002) examined the effects of ten weekly individual GIM sessions on the pain of persons with rheumatoid arthritis, using the McGill Pain Questionnaire, Centre for Epidemiological Studies–Depression Scale and the Symptom Checklist-90-Revised. Significant decreases were found in various areas of psychological distress and physical pain.

In contrast to these quantitative measures of client perceptions of outcomes, anecdotal data have also been gathered. Such data have been directly incorporated into case studies. McIvor (1998) taped and transcribed four discussions by a small group of Maori (indigenous people of New Zealand) after they listened to selected extracts from the GIM discography. Their words were summarized, and subsequent connections were made between Maori myths and traditions and the archetypal significance of their experiences. Moffitt and Hall (2003–2004), a therapist and client dyad, coauthored a case study on Hall's recovery, through GIM, from sexual abuse. Hall's personal reflections and poetry choices are woven into the account. She described her overall GIM experience as a "healing process."

Some clients have written about their own GIM sessions and the meaning that they have ascribed to these experiences. Schulberg (1999), a music psychotherapist and child of Holocaust survivors, shared how her own GIM experiences helped her to face and work through powerful images of the Holocaust. Newel (1999) used excerpts from her journal and GIM transcripts to tell the story of her GIM therapy, which helped her to cope with issues that arose as a result of her cancer diagnosis. Buell (1999) reflected upon how changes in her life were foreshadowed by changes in her imagery. T. (T. & Caughman, 1999) presented excerpts from his journal that reflected his experiences during GIM sessions where he addressed issues of sexual abuse and overcame related fears. Nielson (Nielson & Moe, 1999), a psychiatric inpatient at the time of therapy, related his painful personal story and subsequent transformation through GIM. Isenberg-Grzeda (1999) shared her experiences and insights on being a therapist who found herself in the position of being a GIM client.

Surveys and interviews have also been utilized to obtain clients' perspectives on their GIM experiences. Maack and Nolan (1999) surveyed former clients about life changes that they attributed to GIM intervention. The main gains reported included getting more in touch with one's emotions, gaining insights into problems, spiritual growth, increased relaxation, and discovering new parts of oneself. Skaggs (1984) interviewed female clients who had memories of abuse that emerged during GIM sessions. Key statements and meaning units were distilled into an account of the women's experiences. William and Short (1999; client and therapist) met 2 years after a series of GIM sessions to discuss their experience. Significant sessions and meaningful aspects of the therapy process were reviewed and reflected upon. Amir (1999) wrote about Karen, a GIM client she had interviewed for a research study on meaningful moments in music therapy. Karen's words are arranged under topics that emerged as meaningful. Abrams (2002b) conducted interviews with GIM therapists about their experiences as GIM clients. Using a specially designed computer program, a definition of what constituted a transpersonal GIM experience was revealed for each participant.

All of the case studies, anecdotal reports, surveys, and interviews outlined above demonstrate the breadth and depth of knowledge that can be obtained when clients are given the opportunity to provide their own perspectives on their experiences in GIM. This has obvious implications for the present study.

Finally, in addition to Zanders's (2008) study (cited above), another study that is particularly relevant to the current inquiry was conducted by Grocke (1999a, 1999b, 1999c), who interviewed seven GIM clients and their therapists regarding pivotal moments (turning points) in therapy. Each interview was transcribed and analyzed using a phenomenological approach. Twenty themes emerged from the client interviews in the global analysis. Four of these appeared in all of the clients' experiences: (a) pivotal moments are remembered and described in vivid detail, (b) pivotal moments are emotional experiences, (c) the pivotal experience impacts on the client's life, and (d) the pivotal experience is embodied (i.e., a body sensation is experienced). Grocke concluded that clients in GIM therapy have different types of experiences that require inner strength. The pivotal moments that Grocke analyzed appeared to transform some aspect of the person's life and could, therefore, be considered indicators of change. The results also indicated that any part of a GIM session could potentially contain moments that are pivotal. One participant experienced pivotal moments in a GIM session that had been entirely verbal (i.e., no music listening phase had occurred), and she continued to experience pivotal moments after the session as the experience was integrated into her daily life. These findings indicate that each phase of a GIM session (including the postlude discussion) has the potential to be a very significant part of a client's session and/or overall therapeutic process.

In summary, very little is known about the impact that the postlude discussion phase or the interventions utilized in this phase have on clients' perceptions of this phase or on their GIM processes in general. Furthermore, very little is known about what interventions are typically used in this phase and under what circumstances they are employed. A review of research studies and other publications pertaining to gathering clients' perspectives on their GIM experiences revealed that important, relevant, and practical information can be gleaned from this type of investigation. Finally, both Zanders's and Grocke's findings suggest that all phases of a GIM session (including the



postlude discussion) have the potential to be a significant part of a client's experience and/or therapeutic process. Therefore, the current study was concerned with understanding the essence and quality of clients' described experiences of the postlude discussion phase in GIM, and a phenomenological research paradigm was deemed to be the most appropriate method of inquiry. Specific research questions were: (a) What experiences do clients perceive as helpful in GIM postludes?, (b) What experiences do clients perceive as not helpful in GIM postludes?, and (c) What common themes exist among these experiences?

## METHOD

The epistemological foundations of this study come from a constructivist stance. Constructivists believe that science reconstructs previous constructions of reality and that "... truth and reality exist in the form of multiple, intangible mental constructions which are influenced by individuals and social experiences" (Bruscia, 1995, p. 66). In the present study, all discoveries were regarded as time-, value-, and context-bound. Generalizations were not made, and cause-effect relationships were not inferred. The researcher and the participants interacted and influenced one another. My perspectives, language, and representations in doing the study revealed as much about me as they did about the participants under study (Wheeler & Kenny, 2005).

### Epoché

Through self-inquiry, I have found that I have had several experiences as client and therapist that may have influenced my analysis and interpretation of the data. As a GIM client, I have had helpful, unhelpful, confusing, and nondescript postlude experiences, and I wanted to know more about what this means for me personally. As a music therapist practicing in various contexts over an 18-year period, I have, at times, noticed a disconnect between how music therapists (including myself) and other therapy practitioners perceive what is going on in therapy and what the client perceives. I, therefore, am interested in what this disconnect means for the client, for myself, for music therapy, and for GIM practice. I have a strong belief in giving voice to clients' perspectives, which may be related to my own past experiences of feeling not heard or dismissed both in my personal life and in professional contexts. Over my career, I have worked mostly with adult clients, and I usually feel very comfortable in my interactions with them. I have conducted, or been a participant in, various research studies, which influenced my perspective on the participants' experiences as research subjects.

All of the above issues are influenced by my cultural background and worldviews. I was brought up in an Anglo-Saxon, fundamentalist Christian family, near a small, conservative Canadian town. As an adult, I have lived primarily in multicultural, urban settings in Canada. I currently do not affiliate with an organized religious faith or practice. I value diversity and believe in social justice. I do not believe that there is one right way to think about most things.

All of these factors influenced how I interacted with the participants, interpreted the data, wrote this research report, and disseminated its findings.

## Participants

Eight GIM clients—three males and five females—all of whom were white, North American, and had Christian-Judaic backgrounds, participated in this study. All participants were practicing music therapists, and seven had completed at least one of three levels of GIM training. Two of the participants were fully qualified GIM therapists. Some individuals were participating in their own GIM therapy at the time of the study; others were not. Other demographic data were not recorded. Criteria for participation were that the participant: (a) had received a minimum of six individual GIM sessions and (b) was willing to participate as evidenced by informed consent.

A convenience case approach to sampling (Bruscia, 2005a) was employed due to limited access to GIM clients in the area where the researcher lived. Several music therapy colleagues were contacted via email and asked to review an information/consent form in order to learn more about the study. Persons interested in participating contacted the researcher via email; if they met the criteria for inclusion, a personal interview was arranged and signed consent was obtained. Approval for this study was received from Temple University's Institutional Review Board (IRB) prior to the recruitment of potential participants. Participants were assigned pseudonyms to ensure their anonymity.

## Design

This qualitative interview study was rooted in a nonpositivistic paradigm. The approach was phenomenological in that it studied lived human experience (Forinash & Grocke, 2005). It was broadly concerned with clients' lived experiences of the postlude discussion phase of GIM sessions; however, it also focused on their reflections and observations regarding these experiences. Thus, the study was not purely phenomenological. "Research on [lived] experiences focuses on how a person apprehends, perceives, feels and thinks about something. [This study went beyond lived experiences to] include reactions, thoughts, and analyses that [arose] whenever the person [made] observations about him or herself or the experience either during or after the experience itself" (Bruscia, 2005b, p. 88). Working hypotheses were allowed to emerge with the data, and inductive reasoning was used to explicate whatever realities presented themselves (Bruscia, 1995). All interpretations were thoroughly grounded in the data and were regarded as time-, value-, and context-bound. Although common themes were identified among participants' experiences, the uniqueness of each person's experience as they conveyed it was of key importance. This study was not meant to create a specific structure or approach for facilitating the postlude discussion phase. Rather, it was meant to provide unique perspectives that may inform GIM practitioners and trainers and, subsequently, contribute to practice and education.

## Data Collection Procedures

Open-ended qualitative interviews were conducted with individual GIM clients in order to gather direct quotations and participants' reflective perspectives on their experiences of the postlude discussion phase in GIM sessions. The flow of the interview was adjusted to follow each person's experience as he/she relayed it. The following questions were

used to structure/focus the conversation: (a) Can you identify and describe a specific postlude discussion experience from your GIM sessions that was particularly helpful/memorable?<sup>2</sup> (b) Can you identify and describe a specific postlude discussion experience from your GIM sessions that was not particularly helpful—the opposite of the memorable experience that you just described?

Supportive questions such as “Can you say more about that?” or “What was that like for you?” or “What did you/the therapist say/do?” were used to gather information as the interview naturally unfolded. At the same time, I had to ensure that the interviews remained focused on specific postlude experiences so that the structure and essence of the phenomenon under investigation could emerge. Participants often had to be redirected toward their own experiencing (Polkinghorne, 1989). Additionally, there were instances where participants’ perceptions of their postlude experiences seemed to change or evolve over the course of the interview. Interviews were audio recorded and transcribed. I made analytic memos throughout the research process.

## Materials

A Sony MiniDisc recorder was used to audio record the interviews. All audio recordings, transcripts, notes, etc., were labeled with pseudonyms and stored in a locked area in my home.

## Data Analysis

The phenomenological analysis was conducted by combining and adapting methods developed by Colaizzi (1978), Giorgi (1985), and Polkinghorne (1989). The steps were as follows:

1. I assumed the attitude of phenomenological reduction<sup>3</sup> and was sensitive to the phenomenon being studied: clients’ perceptions of helpful and not helpful experiences that occurred during the postlude phases of their own GIM sessions.
2. Each audio recording was reviewed and transcribed.
3. I read through each interview transcript several times to get a sense of the whole.
4. As I read each transcript, I added marginal notes to indicate my thoughts, feelings, and responses.
5. Maintaining the attitude of phenomenological reduction, I extracted all phrases or sentences that pertained to the phenomenon being studied and organized them into logically ordered meaning units.
6. I expressed the implicit psychological aspects of these meaning units through stories that are told in my own words from a third-person perspective while at the

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<sup>2</sup>In the first two interviews, I used the words “helpful” and “not helpful” in my questions as a way of focusing the conversation. This seemed to limit the ways in which participants responded, so for the remaining interviews, the words “memorable” and “the opposite of the memorable experience that you just described” were used to guide participants as they relayed their postlude discussion experiences.

<sup>3</sup>Phenomenological reduction is a methodological device when the researcher withholds past knowledge about the phenomenon that he/she is researching in order to be fully present to the subject’s description of the phenomenon (referred to as “bracketing”). However, the description is still presented and analyzed with sensitivity toward the perspective of the researcher’s discipline (Giorgi, 1997).

- same time retaining the situated character of the participant's initial description. The description refers to how the subject construed the situation and is not necessarily an objective account of what actually occurred. It is important to note that participants' perceptions sometimes changed or evolved as they reflected upon their experiences during the interviews.
7. I synthesized parts of each story pertaining specifically to the client's postlude discussion into descriptive statements of essential, nonredundant psychological meanings (i.e., helpful or not helpful essences). I determined these essences through reflection and contemplation (free imaginative variation) of the material, and I situated them within my disciplinary perspective (music therapy and GIM).
  8. I reviewed all helpful and not helpful statements (or essences) derived from each participant's data and identified themes contained therein.
  9. I organized individual participant themes into overarching theme categories for all of the participants and wrote summaries of each category.
  10. I submitted the individual results and written descriptions to a research consultant who provided feedback on their readability and comprehensibility.
  11. I incorporated this feedback into the final manuscript.

## RESULTS

The following section contains individual stories created from participants' descriptions of their postlude discussion experiences. They retain the contexts within which they were originally situated and are followed by helpful and not helpful essences that emerged from each participant's perceptions. These essences are not universal per se, but from a phenomenological stance may claim a general validity about postlude discussion experiences that goes beyond the specific situations of the participants (Polkinghorne, 1989).

### John's Postlude Experiences

*Experience #1.* This was the first GIM session that John had ever had with a male therapist. He felt some positive anticipation because he thought that having a male therapist could potentially change something about his own therapeutic process. There was something unidentifiable that he felt he had been unable to accomplish with his previous female therapists. However, John also arrived at this session expecting that the actual structure of the session and the therapist's interventions would be very similar to that of his past GIM experiences. During the music listening phase, John felt that his therapist's interventions had a forceful yet caring manner. He remembered thinking that his therapist's voice sounded fatherly.

As the postlude began, John felt dizzy, confused, vulnerable, and ultimately embarrassed that another man was seeing him in this state. He did not feel like doing a mandala, but he assumed that this was part of the process, because this is what he had always done with other GIM therapists in the past. When this new therapist told him that they were not going to do a mandala, John felt completely thrown off. They proceeded directly to a verbal discussion, where the therapist contained John and kept him focused on the "feeling" aspects of his music and imagery experience. He did not allow John to

analyze or intellectualize. John wanted to fight against the direction that the therapist was taking him. As the session ended, the therapist shook John's hand, grabbed his shoulder, and told him that he was doing very important work. This felt very "man-to-man" to John and, having grown up without a father, it was what he had imagined a father-son experience would be like.

*Reflections.* Immediately after this session, John felt very happy (almost giddy and lightheaded) as he realized that he had experienced something completely different from his previous GIM sessions. Along with feeling a new sense of responsibility for himself, John also felt scared as he realized that this was the beginning of a new and potentially difficult journey. Overall, John felt that this experience helped him to connect more with his male side, and it got him started on the personal work that he really needed to be doing.

*Essences.* (a) *Initially perceived as not helpful:* At the beginning of the postlude, John felt dizzy, confused, vulnerable, and embarrassed. He felt resistance toward the therapist and his directive postlude interventions. He found the differences between this therapist and his previous female therapists with regard to how they facilitated the session to be somewhat disconcerting. This postlude felt different from previous postludes; it focused on the discussion rather than on the mandala, and this was not what John had been expecting. (b) *Perceived as helpful:* By the end of the postlude, however, John felt connected to his male side and experienced a positive "father-son" interaction with a GIM therapist for the first time. He felt that the postlude had addressed his feelings and he had not intellectualized what had happened in his imagery experience. The postlude went below the surface to the root of the work that John realized that he needed to do. The postlude initiated a sense of responsibility in John for his own therapeutic process. The therapist contained and directed the postlude and, ultimately, John found this to be helpful.

*Experience #2.* Just prior to starting his own GIM training, John had three sessions with a GIM therapist who was not a trained music therapist or a musician. As a result, he had reservations about this person at the onset of therapy, although in our interview he also stated that she seemed to be a "lovely, caring, sweet, kind of person." John came to GIM therapy in order to work on things in his life that were overwhelming him, and he shared this expectation with the therapist.

In their second GIM session, the therapist decided to use the same music program as she had in the first session. John perceived this action as a lack of care being put into the music program choice, and this heightened his already existing feelings of mistrust. During the music listening phase, John generally felt unable to connect with the music.

As the postlude began, John noticed that the therapist had already set up the mandala materials. She leaned in as he drew the mandala and made connections with his imagery. John felt as if the therapist was following a "textbook" procedure rather than authentically responding to his needs. He tried to give the therapist nonverbal cues (e.g., through his body language and the way in which he drew his mandala), hoping that she would pick up on them. He did not say anything because he did not want to hurt her feelings. On the outside, the therapist seemed like a nice person, but John felt that she was unwilling to connect with him. Everything that happened seemed to support his preconceived notion that he might not be able to trust a nonmusician to be his GIM

therapist. He felt disappointed and upset that he had spent money on a session that was not helpful.

*Reflections.* In the next session, the therapist suggested that they incorporate some non-GIM stress management techniques into their therapeutic work. The sessions were not going in the direction that John wanted, and he cited financial reasons as an excuse to terminate therapy. In hindsight, he thought that perhaps he could have been more direct and told the therapist what he had been feeling. He thought that this might have helped her to better understand what it was that he had needed.

*Essences. Perceived as not helpful:* According to John, his previously existing feelings of mistrust about the therapist's lack of musical knowledge and lack of music therapy training were compounded by the way in which she conducted the postlude. John perceived a lack of care regarding the therapist's music-program choice for the music listening phase, and this had a negative impact on his perception of the postlude. It felt to John as though the postlude followed a series of predetermined steps and did not evolve organically. He felt like the therapist was not willing to connect with him in an authentic way and that she did not understand what it was that he really needed. John was not comfortable directly communicating his negative feelings to the therapist because he did not want to hurt her feelings. He consciously tried to communicate his negative feelings to the therapist by giving nonverbal clues. He felt like the session had been a waste of money. Although John thought that the therapist was a nice person, there was nothing about this postlude that he perceived as helpful.

## Belinda's Postlude Experiences

*Experience #1.* Belinda had a long-standing therapeutic relationship with this GIM therapist. This particular session had occurred a few weeks prior to our interview, and the music listening experience had been particularly emotional and intense. During this phase, Belinda had reacted in an oppositional manner toward the music and toward her therapist. She initially found it difficult to return to a normal state of consciousness.

As the postlude began, Belinda thought about her images and the emotions connected to them. She allowed herself to really cry, and she felt tension and release in her body. She also felt herself holding back, knowing that she would have to bring closure to the space. Belinda felt very comfortable discussing the negative transferences that she had experienced during the imagery that were related to her therapist. Her therapist provided positive verbal feedback and support. The therapist displayed an open, natural, empathetic, and genuine manner through her words, her facial expressions, and her body language. The therapist also had an emotional reaction (tears in her eyes, facial expression) to what had occurred and seemed somewhat taken aback by the intensity of Belinda's response. This postlude took longer than usual, because the therapist was concerned about Belinda's readiness to drive. Belinda reassured her therapist that she would be okay. Reassuring her therapist was not something that she normally had to do. It seemed to Belinda that she had been more comfortable than her therapist with the intensity of her own (Belinda's) emotions. Belinda had experienced intense emotions before, but this was the first time that they had occurred to this extent in a GIM session. The postlude was so intimate that Belinda sensed some discomfort between herself and

her therapist, but she also thought that this was probably for the overall good of the therapeutic process.

*Reflections.* Belinda felt that this postlude experience was less cognitive than previous postludes had been. Allowing herself to fully experience the intense emotions that she had been feeling helped to bring clarity to what had happened in the imagery. Ultimately, Belinda felt that this postlude experience had brought the therapeutic relationship and the therapy itself to a different and better level.

*Essences.* (a) *Perceived as helpful:* From Belinda's perspective, the postlude felt like a very intimate and emotional experience for both her and her therapist. She felt genuinely cared for and supported by her therapist. She was comfortable in talking with her therapist about the transferences that she had experienced toward her therapist during the music listening phase. Belinda felt that her therapist displayed an open, natural, genuine, and empathetic manner and that she was concerned about the Belinda's well-being. The postlude did not feel rushed, and it helped Belinda to clarify what had happened during the music listening phase. Overall, Belinda believed that the postlude brought the therapeutic relationship and therapeutic process to a new level. (b) *Perceived as not helpful:* Belinda held back her emotions to some extent because she felt that she had to bring closure to the space. The postlude was so emotionally intense that Belinda observed an emotional reaction in her therapist. The therapist seemed taken aback by the intensity of her emotions. Belinda felt like she had to reassure her therapist that she (Belinda) was okay. The postlude felt so intimate that Belinda sensed some discomfort between herself and the therapist.

*Experience #2.* This postlude occurred in the session that followed the one described above. It was also Belinda's most recent GIM session, and it had been facilitated by the same therapist. As Belinda relayed her story, her mannerisms and comments gave me the impression that she was still feeling upset and confused by what she had experienced.

As the music program ended, the therapist made a statement that Belinda perceived as being judgmental. (Belinda did not share with me what it was that her therapist actually said.) It also seemed to be completely out of context and out of character for this therapist. Belinda was confused as to what might have motivated her therapist to make this statement. Belinda thought about the comment for a moment and then told her therapist how she felt. The therapist said that she understood Belinda's feelings, but she did not retract her statement, nor did she provide an explanation. Belinda began to question her relationship with the therapist, and she also began to doubt her own imagery and growth processes. She was angry, hurt, and confused. She felt that this comment had opened things up and that she now needed to take care of herself. Belinda felt guarded and mistrustful of her therapist.

*Reflections.* Belinda expressed feeling guilty about discussing this with me because she had had so many positive experiences with this therapist. She stated that perhaps her therapist had addressed the issue in the best way that she could and that maybe the therapist herself did not know why she had made the comment. On the other hand, Belinda also thought it possible that her therapist did have a reason, but that she did not share it with Belinda. Belinda was hesitant to label this postlude as unhelpful or negative, as she was hopeful that something meaningful would emerge out of this experience. It seemed unimaginable to her that one comment could possibly compromise

their whole therapeutic relationship and process. Belinda thought that her own training as a therapist might help her to figure out what was going on. She stated that this research interview was helpful because it had clarified for her that she still had issues pertaining to this postlude experience that needed to be resolved. Belinda decided that she would address this matter with her therapist at their next session.

*Essences.* (a) *Perceived as helpful:* Belinda was able to openly share her negative feelings with the therapist about a statement that this same therapist had made. The therapist acknowledged Belinda's feelings even though they were negative ones toward her (the therapist). Belinda was hopeful that because of her past positive history with this therapist, something helpful would still come out of this postlude experience. (b) *Perceived as not helpful:* Belinda was upset by what she perceived as a judgmental statement made by her therapist. When Belinda confronted her about this, the therapist did not retract her statement or try to explain her rationale for making the statement. As a result, Belinda became guarded and mistrustful of the therapist. She felt angry, hurt, and confused by her therapist's statement. She felt like the therapist was not helping her and that she had to look after herself. The postlude did not provide closure for Belinda. This difficult postlude experience caused the Belinda to question everything about this GIM session and her entire therapeutic process up to this point.

### Dean's Postlude Experiences

*Experience #1.* Dean had been having sessions with a GIM trainee with whom he also had a peer relationship. In addition to feeling uneasy about this, he also had concerns regarding this individual's ability to even be his therapist. Although he was not a GIM therapist, he had more clinical experience as a music therapist than she did. He arrived at this session feeling very angry about a personal issue, but he withheld this information from his trainee-therapist because of their dual relationship. Although Dean felt uncomfortable about this, he still had an "amazing" and "vivid" travel that validated his anger and allowed him to acknowledge his feelings.

After the return, Dean knew exactly what his experience had meant. The trainee-therapist proceeded with the postlude, and Dean was very clear with her about the meaning of his experience. Even so, the trainee-therapist continued to try to verbally process the experience with him, and Dean felt like she was going out of her way to try to validate things. He even felt a bit patronized because he did not need his trainee-therapist to tell him about his own experience. As far as Dean was concerned, he had gotten everything that he needed from the session during the music listening phase, and he did not even need a postlude. Dean did not share his feelings about the postlude with his trainee-therapist. The postlude felt "redundant," and it did not lead Dean to any new insights. Dean left the session feeling angry about the same issue that he had arrived feeling angry about.

*Reflections.* Dean felt that the music listening phase had validated his anger and that the postlude did not impact on his anger in any way. In hindsight, Dean felt that he may have subconsciously chosen to work with a GIM trainee rather than a "fully qualified" therapist in order to "protect himself." During our interview, he expressed feeling badly about some of what he was saying to me because he understood the trainee-therapist's actions from a therapist's perspective and perhaps he was being "too harsh."



Ultimately, he felt that this postlude highlighted aspects of this therapeutic relationship that were not strong or helpful.

*Essences. Perceived as not helpful:* Dean had a peer relationship with the trainee-therapist. He felt that he had more clinical experience than she had and doubted that she could be his GIM therapist. During the postlude, the trainee-therapist proceeded with the discussion, and, from Dean's point of view, she either ignored or did not sense that he felt that the postlude was unnecessary. Dean felt very certain about the meaning of his music listening experience and believed that he had clearly communicated this to the trainee-therapist before the postlude. Dean felt like the trainee-therapist had to go out of her way to try to validate things. Dean felt patronized by the trainee-therapist. The postlude did not lead to any new insights for Dean. The postlude did not validate, dissipate, or contribute to the anger that Dean had felt throughout the session. He did not share his feelings or opinions about the postlude with the trainee-therapist. From Dean's perspective, this postlude highlighted negative aspects that existed in the overall therapeutic relationship.

*Experience #2.* In spite of his reservations (as outlined above), Dean continued to see the same trainee-therapist. He still felt confused about their "client-therapist" roles, not only because of their peer relationship, but also because Dean had enrolled in an advanced music therapy training program, and this made him feel that he needed to be a "good client." Dean could recall almost nothing about what had happened in the music listening phase of this session, but he felt that this particular postlude in and of itself represented a significant turning point in his relationship with this trainee-therapist.

As the postlude began, Dean's trainee-therapist asked him to choose two colors to represent two parts of himself in a mandala. Dean became frustrated as he drew because he did not understand what his drawing meant or how the parts fit together. He felt doubtful that he would figure this out. The trainee-therapist then asked him to pick a third color to try to bring the first two colors together. Dean felt confused by this at first, and then, suddenly, he saw the image in a different way. He turned it around and began to draw. He saw the possibilities for transformation. The drawing signified things that were important to him. This was surprising and gratifying. Dean's trainee-therapist watched, listened, and reflected his feelings of joy and wonder. She encouraged him to describe what he was experiencing so that he could gain further insight. They discussed how the mandala related to his imagery experience. Dean felt a sense of pride about how the drawing looked. (He realized as he was recounting this story that he had not shared this aspect of his experience with his trainee-therapist.)

*Reflections.* Dean left the session feeling joyful. He felt like this was the first time that his trainee-therapist really took charge and had been perceptive about what he had needed. This helped to clarify the "client-therapist" roles for Dean. He could now trust this person and allow her to be his therapist. It also helped to clear up some uncertainty that Dean had experienced in the past about the process of doing mandalas.

*Essences. (a) Initially perceived as not helpful:* Dean felt frustrated and confused by the art experience that the trainee-therapist had directed him to do. At first, he did not feel confident that he would gain any insight or understanding from his mandala drawing. These feelings may have been influenced by what Dean perceived as past unhelpful experiences with this trainee-therapist. *(b) Perceived as helpful:* The trainee-therapist provided specific direction for an art experience that Dean needed. Dean gained insight

and understanding from the art experience itself and from the subsequent verbal processing that occurred with the trainee-therapist. Dean and the trainee-therapist made connections between his mandala, his imagery experience, and his real life. He experienced feelings of pride and joy related to the verbal process and also to the artistic product that he had created. Dean noted that the trainee-therapist had watched and listened to him and had reflected his feelings of joy and wonder. The trainee-therapist encouraged Dean to describe what he was experiencing so that he could gain further insight. Dean began to trust the trainee-therapist for the first time. The trainee-therapist had taken charge of the session and was perceptive about what he needed. Overall, this postlude experience represented a positive and significant turning point in the therapeutic relationship. It also clarified (for Dean) the therapeutic rationale for doing mandalas.

### Cara's Postlude Experiences

*Experience #1.* This experience occurred during a GIM training session where it is common practice for participants to pair off and facilitate GIM sessions for one another. Cara's session was guided by an individual with whom she had had a previous peer relationship. Cara also stated that she normally has difficulty trusting GIM therapists who have not fully completed their training.

As the postlude began, Cara thanked her trainee-therapist because she had appreciated how the trainee-therapist had supported her during the music listening phase. The therapist reproached Cara for making this comment because she felt that Cara was focusing on the trainee-therapist when she should have been focusing on herself. Cara felt hurt and shocked by the sharpness in the trainee-therapist's tone of voice. Having just returned from an altered state of consciousness, Cara felt very open and vulnerable. The trainee-therapist's response caught her off guard, and she no longer felt safe. As a result, Cara said nothing else and wanted nothing more to do with the session. The trainee-therapist also said nothing further. No processing occurred, and the session ended.

*Reflections.* Afterward, Cara was angry at the trainee-therapist, who she felt had been focused on her own issues when she should have been providing Cara with support. Cara also thought that it was likely that their previous relationship had contributed to the situation. Additionally, Cara had had two previous GIM sessions in which therapists had taken out their own issues on her, and she now felt very "judgmental" about this sort of thing. If the same thing were to happen again, she believed that she would fight back rather than shut down. She felt emotionally stronger now than she had been when these incidents had occurred. As a GIM trainee, Cara thought that this experience had been instructive. It helped her to realize how vulnerable clients can be during the postlude. She admitted that she, herself, has sometimes felt unsure about what to do with her clients during this phase. Cara did not want what had happened to her to happen to one of her clients.

*Essences.* (a) *Perceived as helpful:* Initially, Cara felt grateful toward the trainee-therapist for being so supportive during the music listening phase. Upon reflection, Cara believed that this postlude was instructive for her in terms of her work as a GIM trainee/therapist. She also realized how important it was for her to confront a therapist when necessary, rather than shut down. (b) *Perceived as not helpful:* The trainee-therapist appeared to misinterpret the intent of a comment that Cara had made at the beginning of

the postlude. Cara felt like the trainee-therapist reproached her for making this comment by saying that the session was not about her (the trainee-therapist). Having just returned from an altered state of consciousness, Cara felt open and vulnerable. She was hurt and shocked by the trainee-therapist's reproach and tone of voice and no longer felt safe. At this point, they ceased to interact with one another, and the postlude ended. This postlude reminded Cara of negative experiences that she had had in previous GIM sessions with other therapists.

*Experience #2.* During our interview, Cara could not describe in its entirety a specific postlude that stood out for her as being especially positive or helpful. Instead, she referred to various postludes, and she described the qualities that her current therapist brought to their postludes, which she perceived as being "opposite" to the qualities that she had described in the experience above. Therefore, the essences in this example did not emerge from one specific postlude experience, but came from Cara's reflective perspectives on the qualities that her current GIM therapist brought to their postlude discussions in general.

*Reflections.* Overall, Cara felt that her therapist gave her the time and space that she needed in her postludes, especially when "recovering" from a difficult music and imagery experience. He did practical things to help her, such as finding her glasses or bringing her a drink of water. Cara's therapist did not challenge her until she was in an upright position, and even then it was never a "hard" challenge. He sometimes surprised her, but she always felt as though he was being honest, and she never felt blindsided by him. These things helped her to feel safe. There was one time, however, when Cara had opened her eyes after the return and was surprised to find that her therapist had been lying beside her on the floor while facilitating the session. She had felt a bit of fear seeing him at that level, but she also realized that he had done this to be present for her during her music listening experience. She felt more comfortable and at ease once they were both sitting in an upright position. At this point, his tone of voice matched hers, and she felt his understanding and empathy.

In sessions that were less challenging or difficult, Cara and her therapist discussed the direction of her therapeutic process, and he would often give her homework. Cara's therapist outlined the therapeutic process very clearly during their postludes, and this helped her to know what she needed to do in order to be ready for her next GIM session. The postlude experiences that Cara had with this therapist helped her to stay centered in each music and imagery experience, rather than overintellectualize, which she normally has a tendency to do. Cara felt nurtured, respected, understood, and unconditionally accepted by her therapist during their postludes. This helped her to trust him and gave her reasons to continue with the work even when it became difficult or confusing.

*Essences.* (a) *Initially perceived as not helpful:* At the beginning of one postlude and until she sat up, Cara felt fearful because she realized that her therapist had been lying beside her (parallel to her on the floor) while facilitating the music listening phase. (b) *Perceived as helpful:* The therapist gave Cara time and space to ground herself before they processed the music listening experience. The therapist did practical things to help Cara feel comfortable. Cara did not feel excessively challenged by her therapist in their postludes. When he did challenge her, she felt that he waited until she was ready to receive the challenge. She felt that her therapist was honest and never blindsided her. Her therapist clearly outlined the therapeutic process, and this clarity helped Cara to prepare

for upcoming sessions. Cara felt nurtured, respected, and accepted unconditionally by her therapist. These postlude experiences helped Cara to stay connected to her music listening experiences rather than overintellectualize them. These postlude experiences helped Cara to trust her therapist, which motivated her to continue on in GIM even when the therapeutic process became difficult or confusing.

### Pam's Postlude Experiences

Pam identified two postlude experiences that were particularly memorable (helpful) for her. Although I encouraged her to choose one experience, she did not seem able to settle on just one, so she relayed both to me during our interview. She then relayed a third experience, which she identified as being "opposite" to the two experiences that she had just described.

*Experience #1.* In the music listening phase, Pam had experienced an image of herself walking away from her own body and leaving herself to die. When this happened, she remembered feeling that something had been left unresolved.

As the postlude began, Pam felt like she had not fully returned to a normal state of consciousness. She also felt like a part of her really had died. She did not understand how she had allowed herself to walk away. She felt badly about this. Pam's therapist asked her why she had not gone back to help that person. Pam realized that this was because she had felt disgusted and mortified by that "pathetic" person. Her therapist challenged her to look further. He would not accept her one-word answers, and he asked the same questions repeatedly but in different ways. Pam began to make the connections between her imagery and her own personal evolution. She realized that there were parts of herself that she wanted to change, but that she had been unwilling to help herself because she believed that she was pathetic. When Pam finally acknowledged and accepted what her therapist had been implying, she felt more grounded in her body.

*Reflections.* This was the first time that Pam had made a connection between a transformation in her imagery and a transformation that was going to happen in her life. It was the postlude discussion and the therapist's persistent guidance within that discussion that helped her to come to this realization. Not only was it important for her, but it also seemed like it was important to her therapist that she come to this realization. It felt to Pam like her therapist really cared. Pam believed that this experience strengthened her relationship with her therapist and was an identifiable pivotal point in her therapeutic process. She now felt that she could be more authentic and more freely report what was happening in her imagery.

*Essences.* (a) *Initially perceived as not helpful:* At the beginning of the postlude, Pam did not feel grounded. She felt like a part of her had died. She felt badly about what she had done in her imagery. Initially, Pam resisted the therapist's suggestions and gave one-word answers to his questions. Pam realized that she felt like a pathetic person. (b) *Perceived as helpful:* Pam felt that her therapist was persistent in helping her to find meaning in her images; he constructively challenged her throughout the postlude to clarify what happened during the music listening phase. As a result, Pam made significant connections between her imagery and her real life. She realized that she wanted to change. She felt more grounded in her body once she acknowledged and accepted what the therapist had been implying. Pam felt that her realization really

mattered to her therapist. Pam believed that this postlude discussion strengthened the therapeutic relationship and was a pivotal point in her overall therapeutic process.

*Experience #2.* The second memorable postlude experience occurred with the same therapist. During the music listening phase, Pam had used her therapist's name when referring to someone else. She did not notice that she had done this.

During the postlude, Pam's therapist pointed out to her what had happened and identified it as a transference issue. Pam adamantly denied that this had been the case. Her therapist "called her" on her denial. Pam did not want to "deal" with what her therapist was suggesting, and she did not wish to discuss it. She felt annoyed with her therapist and left the session without accepting what he had to say.

*Reflections.* As Pam was driving home and reflecting upon her session, she realized that her therapist had been right. She accepted that transference happens to everybody, and that it had happened to her in this session. Pam believed that she would not have been able to come to this realization had her therapist not directly addressed this issue in the postlude. In hindsight, Pam appreciated her therapist's tenacity. It felt like it was important to him that she address her issues. Pam believed that this experience strengthened her relationship with her therapist and that it was another identifiable, pivotal point in her therapeutic process. Again, she felt like she could be authentic and freely report what was happening in her imagery. In subsequent sessions, Pam and her therapist worked through the transference issues that she was experiencing in relation to him.

*Essences. (a) Initially perceived as not helpful:* Pam disagreed with her therapist about the existence of a transference issue. She refused to accept that she had experienced transference and refused to believe that she was in denial about it. Pam felt annoyed with her therapist. She left the session without accepting her therapist's perspective. *(b) Perceived as helpful:* In the postlude, Pam's therapist pointed out a significant transference issue to Pam. He constructively and repeatedly challenged her when she denied that a transference issue existed. Afterward, the client contemplated on what had happened in the postlude discussion, and she realized that the therapist had been right about the transference issue. Pam believed that this postlude discussion had strengthened the therapeutic relationship and was a pivotal point in her overall therapeutic process.

*Experience #3.* This postlude experience was identified as being "opposite" to the two experiences described above. The session had been facilitated by a GIM trainee, but outside of the training context (trainees are expected to do a certain number of practice sessions on their own as part of their GIM training requirements). It was Pam's third GIM session (but the first with this trainee-therapist), and it had occurred over 10 years earlier. Pam became somewhat agitated as she relayed her story to me, and she began to feel physical reactions in her body that she identified as being similar to the ones she had felt during the session in question. Overall, Pam described the entire GIM session as "horrible." During the music listening phase, Pam had experienced very strong negative reactions to the music, but the trainee-therapist rarely checked in with her during this time. Pam felt like the trainee-therapist did not "hear" her or support her during her music listening experience.

As the postlude began, Pam was still in an altered state of consciousness and felt physically "jarred" by the imagery that she had experienced. Pam felt like she needed help from her trainee-therapist to "reconstitute and get back into [her] body," but she did

not receive this help. Pam felt disconnected from the words that she said to the trainee-therapist, and she found it difficult to connect with the trainee-therapist's words. The trainee-therapist did not process with Pam anything that had actually happened during the music listening phase. Pam experienced feelings of disbelief during the postlude (e.g., "I can't believe that this is happening"). Overall, this postlude felt "unsettling and disjointed" and left things "unresolved, uncontained, and unprocessed." Pam did not share her feelings with the trainee-therapist. After this session, Pam decided that she would seek out another GIM therapist. Luckily, this experience did not shake Pam's belief in the GIM process.

*Reflections.* In hindsight, Pam believed that she had actually done a lot of good therapeutic work during the music listening phase albeit without the help of the trainee-therapist. Even though Pam felt that the trainee-therapist could not make up for how badly she had facilitated the music listening phase, she still felt like the postlude discussion phase had been a "missed opportunity." Important things had happened during the music listening phase that could have been processed. This realization caused Pam to think about missed opportunities that she may have had with her own GIM clients during their postludes, and she wondered if there was a way to prevent these missed opportunities from happening. Pam stated that our interview was prompting her to think about how the postlude might tap into deeper levels of consciousness. If this was the case, she wondered if her "memorable" postlude discussion experiences had been so helpful because that therapist knew how to talk to each level of her psyche in a way that gave it an opportunity to respond. "This puts things in a whole new perspective and shifts things for me—from both a therapist's and a client's point of view."

*Essences.* (a) *Perceived as not helpful:* When the postlude began, Pam was still in an altered state of consciousness. She felt physically "jarred" by what had happened in the music and imagery experience. The trainee-therapist did not help her to feel grounded in her body. She felt disconnected from any discussion that occurred between her and the trainee-therapist. According to Pam, the trainee-therapist was not able to effectively process the music listening experience with her. Pam experienced feelings of disbelief about what was happening as the postlude unfolded. She did not share her feelings with the trainee-therapist. The postlude felt unsettled and disjointed, and it left things unresolved, uncontained, and unprocessed. (b) *Perceived as helpful:* As a result of recalling this postlude experience in the interview, Pam was prompted to reflect upon similar "missed opportunities" that she may have had with her own clients during their postludes. She felt that this might shift her perceptions of postludes (in a constructive way) both as a GIM therapist and a client.

## Fiona's Postlude Experiences

*Experience #1.* Fiona described this GIM session as one of integration for her. In her imagery, she had the experience of being two figures that represented different parts of herself—a golden being and a crone. Throughout the course of the music listening experience, these two beings acknowledged one another, and they eventually merged and became one being. This merging involved a very physical kind of process (e.g., at one point, the two beings exchanged eyeballs).

After the return, Fiona sat up, and her face had the sensation of feeling bumpy and awkward on one side—as if half of her face was the crone’s face. Fiona’s therapist asked her how she was, and she told him about the strange sensation on her face. The therapist reached over with his hand, touched Fiona’s chin, tipped it to the side, and in a gentle voice said: “Well, let’s have a look.” This gesture felt parental, loving, tender, and caring to Fiona. She felt validated by her therapist. He had accepted her reality and did not doubt her experience. This moment stood out to Fiona as being very important, and it was exactly what she had needed at the time. As Fiona told her story, she said that she could still feel the warmth that flooded through her at the experience of being so totally validated even though this experience had occurred a number of years ago. Fiona could not recall any other details about this postlude discussion.

*Reflections.* Fiona believed that she was able to accept her imagery and what it meant because her therapist had so fully accepted her and her experience during the postlude. Fiona needed that external support in order to believe in herself and in her own internal world. She normally would have expected someone to tell her that her experience had all been in her imagination. It was experiences like this postlude that have made her a humanist and changed who she is as a therapist. She now accepts what her clients tell her as their truth, and believes that they are the experts of their own experience.

*Essences.* (a) *Initially perceived as not helpful:* At the beginning of the postlude, Fiona experienced a strange feeling when it seemed like something from her imagery experience had manifested itself physically on her body. (b) *Perceived as helpful:* The therapist touched Fiona’s face to deal with a disturbing sensation left from the final image. Fiona perceived the therapist’s gesture as caring and parental. Fiona felt that her postlude experience had been validated by the therapist’s gesture and words. Fiona felt that she needed this validation in order to believe in the reality of her entire GIM experience. A feeling of warmth flooded through Fiona’s body as a result of feeling so totally validated by the therapist. Fiona believed that this postlude experience contributed, in part, to the development of her humanistic stance when she is in the role of therapist.

*Experience #2.* This second identified postlude experience was facilitated by the same therapist, and it occurred approximately 4 months after the session described above. As Fiona relayed her story, her conversation became increasingly animated, and she became angry (e.g., she raised her voice, she used strong language, her face became flushed).

In the session prior to this one, Fiona told her therapist that she had been having “awful” feelings toward several people. Upon the advice of her therapist, Fiona allowed herself to bring her full awareness to these feelings whenever they arose in her daily life. She realized that she was feeling hatred. During the music listening phase of her next GIM session, Fiona experienced very powerful images related to her father and to these feelings of hatred. A female voice in the last musical selection seemed to “tell” Fiona that her feelings were normal. During the return, Fiona felt like she had been able to experience her inner world at a much deeper level than she ever had in previous sessions. She felt excited about the discovery of this new capacity, and it seemed like she might now be able to get things out of her GIM sessions that had previously not been possible.

At the beginning of the postlude, Fiona sat up and was still feeling excited about the depth of her experience. Fiona and her therapist discussed what had happened in her

imagery, and then her therapist said, “So I think we are ready to start talking about discharge.” Fiona felt blindsided by this suggestion and very confused. On the one hand, she could see her therapist’s point of view because now that she had finally been authentic in her imagery, she could also be authentic on her own. On the other hand, she wanted more time in GIM to get to know her authentic self. This session had felt so good. She wanted to come back and have many more of these experiences. She thought that she had more to explore, but her therapist seemed to be saying just the opposite. She had been authentic, and now she was being rejected. Fiona did not tell her therapist what she was feeling or thinking. She sat there in her “polite shell” because it felt that she could not be her authentic self and still receive her therapist’s validation.

*Reflections.* As Fiona was getting ready to leave the session, her therapist commented on how intense the session had been. Fiona then noticed that his face was flushed. The “adult” part of her realized that her session must have triggered a countertransference reaction in her therapist, but the “child” part of her still felt like he was rejecting her in the same way that others had in the past. When she went home, Fiona still felt confused, as well as fearful about being discharged. This revealed to her how dependent she still was on her therapist and on her need for his (and others’) approval. Even though the session did not “feel” helpful, Fiona thought that it probably was helpful in terms of this particular insight.

In the next session, Fiona’s therapist told her that his suggestion regarding her discharge from therapy may have been premature. Fiona ended up having several more sessions with this therapist. She never did share her feelings with him about this experience.

*Essences.* (a) *Initially perceived as helpful:* Fiona felt excited about a newly discovered capacity to have deep and authentic music and imagery experiences. She wanted to have more of these experiences. (b) *Perceived as not helpful:* Fiona felt blindsided and confused by the therapist’s suggestion of discharge. She felt that she had more to explore in GIM, but it seemed like her therapist felt differently. She felt like she had shown her authentic self to the therapist and now he was rejecting her. Fiona did not share her feelings with the therapist because she did not think that she could tell the truth or be herself and still receive her therapist’s validation. Fiona believed that the therapist had a countertransference reaction to her music listening experience, and this caused him to suggest during the postlude that the client be discharged from GIM. (c) *Ultimately perceived as helpful:* Fiona tried to see the therapist’s point of view about discharging her from therapy even though she did not understand it. Fiona felt that although the postlude did not feel helpful at the time that it occurred, she perceived that it had been helpful overall because it revealed to her how dependent she still was on her need for approval from others.

## Mark’s Postlude Experiences

*Experience #1.* This experience occurred during a GIM training that happened a few months prior to our interview. This had been Mark’s last GIM session. During the music listening phase of this session, Mark had “relived” some traumatic material from his past. This was a very “physically jarring” and emotionally intense experience. As the



imagery occurred, Mark did not share everything that was happening with the female GIM trainee who was facilitating his session.

After the return, Mark sat up, but he felt very cold, shaky, and dizzy. He had to lie back down. The shift from the music listening phase to the postlude had seemed rapid, and it took a while before any verbal processing occurred. Mark got up and walked around the room in order to feel more grounded in his body. He felt like the trainee-therapist gave him the time and space that he needed, and he did not feel pressured to talk. When Mark and his trainee-therapist did begin to verbally process the session, he voluntarily shared the information that he had withheld from her during the music listening phase. He no longer felt reserved. During this time, he worked through his issues in a cognitive sort of way, which also gave his body time to recover. Mark felt supported by the trainee-therapist. She reflected his experiences back to him, and it did not feel like she was trying to advance her own therapeutic agenda. This shifted how Mark saw the trainee-therapist. He felt very connected and even a bit sexually attracted to her. He believed that she was a “good person” whom he could trust. He gained a new respect for her. Mark did not share these feelings with the trainee-therapist.

*Reflections.* Mark felt like this postlude experience was both an extension of what had occurred in the music listening phase and also a separate and distinct part of the session. During the postlude, he had the opportunity to work through his issues in a cognitive and grounded way with a person who had acted as an “intimate witness” to his experience. He felt more comfortable sharing difficult issues with the trainee-therapist when he was “face to face” rather than when he was lying down and in an altered state of consciousness. Mark believed that he had made a strong connection with this individual, and if he were to see her again for a session, he thought that they could easily “pick up where [they] had left off.” He stated that this postlude experience was “beyond helpful” because he had gotten exactly what he had needed at the time.

*Essences.* (a) *Perceived as not helpful:* Initially, Mark felt cold, shaky, and dizzy. The shift between the return and the beginning of the postlude phase seemed rapid. At one point, Mark felt sexually attracted to the trainee-therapist. He did not share any of his feelings about the trainee-therapist with the trainee-therapist. (b) *Perceived as helpful:* Mark felt like the postlude was both an extension of the music listening phase and a distinct part of the session. The trainee-therapist gave him the time and space that he needed in order to ground himself. The trainee-therapist did not force him to talk until the he was ready. Mark felt unreserved, and he shared things with the trainee-therapist that he had withheld during the music listening phase. He processed issues in a cognitive manner. The postlude gave Mark’s body the time he needed to recover from the intense physical experience that had occurred during the music listening phase. The trainee-therapist reflected his experience back to him. Mark felt like the trainee-therapist did not have a hidden therapeutic agenda. The trainee-therapist’s actions in the postlude shifted Mark’s perception of the trainee-therapist for the better. He trusted and respected the trainee-therapist. Mark felt connected to and supported by the trainee-therapist. He felt that he had gotten exactly what he had needed from this postlude experience.

*Experience #2.* When I asked Mark if he could think of a postlude that was “opposite” to the one that he had just described, an incident immediately came to mind. It had occurred several sessions prior to the above experience and also during a GIM training session. Mark did not indicate if both experiences had happened within the same

GIM training period. As Mark relayed his story, he began to show signs of anger about what had transpired during this postlude experience (e.g., he used angry words, his tone of voice changed, he stated that he was feeling angry).

Some emotional and intense personal issues had emerged for Mark during the music listening phase. He took his time in the return phase in order to ground himself. When Mark opened his eyes, he saw that the trainee-therapist was crying. It felt like the situation was a “mess.” Mark immediately went into “damage control mode,” and he tried to minimize the intensity of his experience for the sake of the trainee-therapist. Internally, he began to scrutinize what had occurred and wondered if he had said or done something wrong. He also wondered if the trainee-therapist had been crying during the music listening phase. He had assumed that she had been “present” during his experience, and now he suspected that she had been focused on her own reactions. The trainee-therapist made no attempt to process Mark’s experience with him. Overall, Mark felt “jarred” by the experience and disconnected from the trainee-therapist.

*Reflections.* Afterward, Mark processed what had happened in the music listening phase on his own. He still felt that he had gotten something meaningful out of this part of the session, but what had happened in the postlude had interfered significantly with his personal process. In hindsight, Mark thought that perhaps he should not have tried to make the situation better for the trainee-therapist. Mark had mixed feelings about what had taken place. On the one hand, he felt badly about the situation and almost sorry that he had “bothered [the trainee-therapist] with [his] stuff.” On the other hand, he felt angry because he had ended up questioning the validity of what had initially felt like an extremely authentic and moving experience. In his opinion, the trainee-therapist should have been able to put her own issues aside and do her job. During our conversation, Mark also realized that his subsequent GIM sessions had been affected in two very different ways by this postlude experience: He had either (a) gone into sessions with the attitude that he was going to say “whatever the fuck I want” or (b) held back and censored what he shared with the therapist in both the music listening and postlude phases of some sessions. Finally, Mark did believe that this experience was helpful for him as a GIM trainee; it served as a “textbook example” of what a therapist should not do in the postlude discussion phase.

*Essences.* (a) *Perceived as helpful:* Mark took his time in the return in order to feel grounded for the postlude discussion. Mark felt that he had gotten something positive out of his GIM experience in spite of the postlude. This postlude experience served as a teaching example for Mark of things he should not do in postludes when he is in the role of the therapist. (b) *Perceived as not helpful:* The trainee-therapist was visibly upset by what had transpired during the Mark’s music listening experience. Mark minimized what he had experienced during the music listening phase in order to make the trainee-therapist feel better. He began to question the validity of what he had said and done during the music listening phase. He had doubts as to whether the therapist trainee had actually been focused on him as she should have been during the music listening phase. The trainee-therapist did not attempt to facilitate the postlude discussion. Mark did not feel connected to the trainee-therapist. He felt shaken by the postlude discussion experience, and it had a negative impact on his personal process. Mark believed that this postlude experience had a negative impact on his subsequent GIM sessions with other therapists.

## Olivia's Postlude Experiences

*Experience #1.* When I asked Olivia if she could think of a postlude discussion experience that was particularly “memorable,” she stated that her postludes were usually the least memorable part of her GIM sessions. She often felt “spaced out,” and she found it difficult to make connections between her imagery experiences and her real life. She also had experienced some anxiety during postludes because her therapist was a male who had a nonexpressive or “neutral” sort of manner. This made her question what he was thinking. She did not want to do or say anything that would make him not like her, make him think that she was stupid, or make him see her as an “emotional, hysterical” woman. Olivia’s therapist had even mentioned to her that she usually did not seem to have a lot of input during their postlude discussions.

During the music listening phase of the identified session, Olivia had an image of a tree that had also occurred in several previous sessions. In this session, the tree felt like it was very nurturing toward her, and this experience, in conjunction with the music, was quite powerful. During the postlude, Olivia’s therapist pointed out to her that she had needed the tree’s nurturing because in the past, she had not always gotten the nurturing that she needed. Olivia’s therapist reflected things back to her about her life and about her imagery experience that needed to be recognized and validated. Olivia felt grief about some of these things, but she also felt empowered. Her therapist was really listening to her, and she felt understood. As a result, Olivia was able to “... connect back to [her imagery] experience and take it with [her] in an upright way.”

*Reflections.* Olivia believed that this postlude experience changed the way in which she perceived her therapist. She now felt that she could trust him. In a subsequent session, Olivia was able to reveal to her therapist the things about their therapeutic relationship that she had been struggling with—including what she had perceived as his “neutral” stance. She also began to make more connections for herself in postlude discussions and did not expect her therapist to do this for her as she had in the past.

*Essences. Perceived as helpful:* The therapist validated Olivia’s real-life experiences and her imagery experience. He helped her to make connections between her imagery experience and her real life. Olivia felt listened to and understood by the therapist. Even though Olivia felt grief about painful issues that her therapist had highlighted in the postlude discussion, she also felt empowered. The postlude changed for the better the way in which she perceived the therapist. Olivia began to trust her therapist. In subsequent postludes, Olivia began to make her own connections between her imagery experiences and her real life, and she no longer expected her therapist to do this for her. As a result of this postlude, Olivia was able to tell her therapist things that she had been struggling with concerning their therapeutic relationship.

*Experience #2.* Olivia responded with a quick and definite “Yes!” when I asked if she could think of a postlude experience that was opposite to the one that she had just described. This second postlude had taken place with the same therapist at a later date (over 1 year prior to our discussion). During the music listening phase, Olivia had an “intense and powerful imagery” experience related to past traumatic personal events. She had allowed herself to acknowledge this trauma as well as her related anger. Her imagery felt physical and “preverbal,” and this was what had really resonated for her about her experience.

In the postlude, Olivia felt that she had no words to describe her “preverbal” experience, and she explained this to her therapist. (She also had difficulty in articulating this experience during our interview.) However, the therapist kept pressing Olivia to describe what had happened and to try to make meaning of her experience. Olivia wanted her therapist to validate the “realness” of her experience and the justifiable “bigness” of her anger. Instead, she began to feel like her perceptions may have been distorted and that she was blowing things out of proportion. Olivia wondered if her therapist even believed that one could have preverbal GIM experiences. Olivia did not tell her therapist what she was feeling, and she tried to go along with what he was asking her to do in the best way she could. She attempted to verbalize her experience.

*Reflections.* Olivia did not realize how upset she had been with her therapist until after the session. During our interview, she had a revelation, and she realized that she had been “editing” what she had been sharing with her therapist in the GIM sessions that had taken place since this postlude. The issue that had arisen in this postlude was obviously still affecting their relationship. Now, if she sensed something preverbal in her imagery, she did not share it with her therapist, or she would use other words to describe it. She felt as if she could trust her therapist with some things, but not with others. She only raised issues that she knew her therapist would validate.

Overall, Olivia did not feel that her therapist’s perspective actually changed her own perspective on her imagery experience. She also believed that the postlude was ultimately helpful because she was able to maintain her own beliefs about her experience and she did not have to “get pummeled by someone else’s opinion.” This realization was also helpful to her with regard to her role as a therapist, in which she was still learning how to trust her own instincts as opposed to emulating others’ therapeutic styles (e.g., professors, trainers). In hindsight, Olivia wished that she had said something to her therapist about this postlude.

Soon after this experience, the focus of Olivia’s sessions changed as she prepared to use GIM as part of her birthing process. The issues that had emerged in this session were put aside for the time being. She now wondered if her “negative” postlude experience had inadvertently influenced her decision to change the focus of her sessions.

*Essences.* (a) *Perceived as not helpful:* Olivia had difficulty articulating her music listening experience in the postlude. The therapist pressed her to articulate her experience and make meaning out of it. Olivia wanted the therapist to validate her music and imagery experience as she had perceived it. She did not feel validated by the therapist. Olivia suspected that the therapist did not believe in her interpretation of her experience. Olivia began to think that her perceptions of her experience might be distorted. She did not share her feelings with the therapist, and she tried to do what he asked her to do in the postlude, even though she did not agree with it. Olivia did not realize during the postlude that she was angry with the therapist. Olivia believed that this postlude experience had caused her to edit what she shared with her therapist in subsequent postludes. (b) *Perceived as helpful:* As a result of this postlude, Olivia realized that she had the ability to ultimately maintain her own opinions even when they were different from someone else’s opinion (i.e., the therapist’s).

## DISCUSSION

Although participants described a wide variety of individual experiences within the postlude discussion phase, it was found that the perceived helpful and not helpful essences fell into four fundamental theme categories: (a) client-therapist relationship, (b) structure of the postlude discussion, (c) perceived impact of the music listening phase on the postlude discussion, and (d) perceived overarching impact of the postlude discussion. Written descriptions of these categories cumulatively represent the overarching essence of participants' lived experiences of the postlude discussion phase in GIM.

### Client-Therapist Relationship

Clients needed to feel a sense of authentic connection with their therapists during the postlude discussion phase. This occurred when therapists displayed an open, natural, and empathetic manner; demonstrated concern for clients' well-being (through words and/or gestures); sensitively challenged the client; and validated clients' experiences and perspectives. Clients felt heard, understood, cared for, accepted, supported, comfortable, safe, unreserved, empowered, and motivated to engage in the therapeutic process. As a result, they were able to make significant connections between the imagery that had occurred during the music listening phase and *real-life* situations. They sometimes felt comfortable enough to share negative transferences that they had about their therapists with their therapists. Experiences of authentic connection during the postlude discussion phase positively impacted clients' perspectives on their therapists, on the postlude discussions themselves, and/or on their overall therapeutic processes.

Clients described several postludes where they felt disconnected from their therapists. This occurred when the clients were in a dual relationship with a trainee-therapist; when they felt "blindsided" by their therapist (e.g., the therapist said/did something that surprised and upset the client); when the therapist did not validate their imagery experiences and/or perspectives; and when the therapist appeared to be focused on his/her own issues (e.g., the therapist had a countertransference reaction). Clients felt misunderstood, guarded, unsafe, rejected, hurt, shocked, confused, not grounded in their bodies, and responsible for looking after themselves. Very little (if any) processing of the music listening phase occurred in these situations. With only one exception (Belinda, *Experience #2*), clients did not share their negative feelings with their therapists. Experiences of disconnection during the postlude discussion phase gave clients negative impressions of their therapists and/or of their therapists' professional competency. Some clients' perspectives on their music listening experiences remained unchanged, whereas others questioned the validity of their experiences and even the validity of their entire therapeutic processes. However, experiences of disconnection during the postlude discussion phase did not seem to change clients' perspectives on GIM in general. Clients either sought out a new GIM therapist or stayed with their current therapist in the hope that things would work out.

### Structure of the Postlude Discussion

Clients needed the postlude discussion phase to have structure and direction. However, it was also important that this structure evolve organically out of each session rather than follow a set of predetermined steps. This meant that postludes could vary in terms of

length, focus, and types of interventions utilized by therapist (e.g., focus on verbal processing or mandala). Structured, *personalized* postludes helped clients feel grounded in their bodies, safe, and comfortable. This enabled clients to engage in the therapeutic process, which provided them with a sense of motivation, clarity, and insight. Clients also experienced a sense of closure when the session was over.

There were instances where postludes lacked structure and direction. When this occurred, clients felt confused, upset, and not grounded in their bodies. They wondered if they had done something wrong. Some clients attempted to provide their own closure, and all clients felt like things were left unresolved. Clients experienced feelings of anger about unstructured postlude discussion experiences after the fact (i.e., when reflecting upon the session as opposed to during the session).

### Perceived Impact of the Music Listening Phase on the Postlude Discussion

When clients perceived that they had had a negative music listening experience, they felt upset for the entire duration of the postlude discussion phase. The identified experiences were perceived as negative because of something that the therapist said or did during the music listening phase. There seemed to be little that the therapist could do to salvage the postlude discussion phase, although the *offending* issue was very rarely addressed by either party. In these instances, both the music listening phase and the postlude discussion phase were perceived as two parts of one continuous not helpful process.

There were instances where clients had a positive or an emotionally intense music listening phase and felt that the therapist had facilitated the postlude in an effective manner. In this case, both the music listening phase and the postlude discussion phase were perceived as two parts of one continuous helpful process. However, if clients had a positive or emotionally intense music listening phase and felt that the therapist had facilitated the postlude in an ineffective manner, the music listening phase was perceived as helpful, the postlude discussion phase was perceived as not helpful, and each phase was perceived as a distinct experience. In one case (Dean, *Experience #2*), the client remembered nothing about the music listening experience that preceded a very helpful and significant postlude experience and was therefore not consciously aware of any impact that the music listening phase might have had on this postlude discussion experience.

### Perceived Overarching Impact of the Postlude Discussion

Most clients attempted to find overarching meaning and/or value in their postlude discussion experiences even when those experiences were perceived as not helpful (exceptions were John, *Experience #2*, and Dean, *Experience #1*). In these situations, the search for meaning occurred after the GIM session was over. Some clients had personal insights that they felt were helpful (e.g., “I am too dependent on others for validation”), and others felt that the not helpful postlude experiences were instructive in terms of their own GIM training and/or therapy practices. Overall, not helpful postlude discussion experiences highlighted perceived negative components of the therapeutic relationship and caused clients to question the value of the GIM session itself and the value of their entire therapeutic process. Not helpful postlude discussion experiences sometimes had

negative impacts on subsequent GIM sessions and subsequent postlude discussions, even when different therapists facilitated these sessions.

When postlude discussion experiences were perceived as helpful, clients found meaning and value in these experiences as they were occurring as well as after the GIM sessions were over (i.e., upon reflection). Helpful postludes strengthened the therapeutic relationship and represented significant turning points in the therapeutic relationship and/or in the overall therapeutic process.

## SUMMARY AND IMPLICATIONS

### Summary of Findings

Eight clients' experiences of the postlude discussion phase in GIM were analyzed using phenomenological methods. Within-case analysis revealed that individual clients had a wide variety of experiences in their postlude discussions, which could be considered essentially helpful and/or not helpful. A cross-case analysis revealed that these helpful and not helpful essences fell into four distinct theme categories: (a) client-therapist relationship, (b) structure of the postlude discussion, (c) perceived impact of the music listening phase on the postlude discussion, and (d) perceived overarching impact of the postlude discussion. Descriptions of these categories cumulatively represent the overarching essence of these participants' experiences in the postlude discussion phase of GIM. These findings provide a basis for understanding how clients may experience the postlude discussion phase in GIM and the effects that these experiences may have on GIM clients and their overall therapeutic processes.

### Limitations and Assumptions

This study contained limitations that must be considered when interpreting the results. First, there were only eight participants, all of whom came from similar cultural backgrounds. All were healthy adults participating in GIM sessions for the purpose of personal and/or professional development. Additional interviews with a more diverse sample of individuals might reveal further information on clients' experiences of the postlude discussion phase in GIM. Furthermore, all participants were music therapists and seven had some level of GIM training. Giorgi (1985) proposed that phenomenological data should consist of "... naïve descriptions ... of experiences by subjects unfamiliar with the researcher's theories or biases" (p. 69). Therefore, it needs to be acknowledged that these participants likely knew more about music, therapy, and GIM than most "untrained" clients and that this knowledge influenced the results. Third, many of the participants cited postlude discussion experiences that were facilitated by trainee-therapists, and this might limit the applicability of the results to professional GIM practice contexts. Finally, although some (but not all) phenomenological methods utilize participant checking as a way to verify the researcher's interpretation of the results, it was not employed in this study. During the interviews, I had to work very hard to keep participants focused on the topic at hand. I often had to ask for clarification when participants seemed to be contradicting themselves. Following up with the participants had the potential to complicate rather than clarify the results. Therefore, the results of the

present study should be considered as an unverified representation of participants' perspectives at the times at which the interviews occurred.

I made some assumptions that may have imposed additional limitations on this study. I assumed that individuals who chose to participate in this study had helpful and/or not helpful experiences in their postlude discussions and that they would be willing to talk about them. In fact, many participants in the study shared information on their postlude experiences that they never disclosed to their therapists. It is likely that some of the participants developed these perspectives over time, while others may not have thought much about the experiences since they had occurred. I suspected that therapists' approaches in the postlude influenced clients' perceptions of the experience, but that different clients benefited from different approaches. I assumed that clients needed some sort of closure to occur in the postlude.

## Implications

*For research.* The results of the present study indicate much potential for further research. For example: What roles do mandalas and other creative processes play in the postlude discussion phase, and when should they be utilized? Under what circumstances does the postlude discussion phase become a contained process as opposed to a continuation of the music listening phase? How do GIM therapists create an authentic sense of connection with their clients during the postlude discussion phase?

As previously mentioned, all of the participants in the present study were music therapists, and all but one had some level of GIM training. Research needs to be conducted with clients who are not therapists so that we can better understand other individuals' experiences of the postlude discussion phase. This information could potentially help GIM therapists facilitate more effective postlude discussions with "untrained" clients and clients from diverse backgrounds. As previously suggested by Zanders (2008), it would also be beneficial to study therapists' interpretations of their GIM clients' (postlude discussion) experiences, as this would provide a more comprehensive perspective on this topic.

*For theory.* GIM is a unique method of practice that utilizes principles from humanistic and transpersonal theories to define its goals and processes (Bruscia, 2002a). However, it is a relatively young method that continues to grow and evolve. One "... purpose of theory is to enlarge perspectives on what is known or practiced" (Bruscia, 2005c, p. 4). Therefore, a theory that applies specifically to current GIM practice(s) needs to be developed. The results of the present study could contribute to the development of a theory on the role of the postlude discussion phase in GIM. They could also play a significant role in the construction of a larger theory on how the various phases of GIM relate to one another and how each phase contributes specifically to the overall therapeutic process. A new or enlarged theory on the postlude discussion phase and/or GIM would inform future research and create more comprehensive understandings of the method.

*For practice.* Although the development of a positive client-therapist relationship is essential to the GIM process as a whole, the present findings indicate that the therapist's ability to make authentic connections with the client during the postlude discussion phase is of key importance. Having just returned from an altered state of



consciousness, the client is especially vulnerable, and the music that may have been used as a resource (by both client and therapist) in the previous phase is no longer part of the picture. The therapist must approach the postlude discussion phase with a sense of responsibility for the client and for the process. He/she must demonstrate clinical understanding and intent that is tailored to meet clients' individual needs. Difficult issues must not be avoided but approached with sensitivity. Otherwise, the therapeutic process may become contaminated and important issues may be left unresolved. This being said, the results of this study also indicated that participants usually tried to find value in postlude experiences that they perceived as not helpful. This finding is supported by Abbott (2005), who noted that participants in her study typically found "both the positive and the negative music experiences to be relevant and valuable to their therapeutic processes, even though they may have felt uncomfortable, threatened, or unable to cope during the negative experiences" (p. 58). Although it may be the case that some clients have the ability to make the most of a difficult situation, it is important to note that all of the participants in both of these studies were music therapy practitioners or students. Nonmusic therapist clients may not have the same capacity or motivation to make the best out of a postlude experience that they perceived as negative or not helpful.

*For training.* The present findings indicate that countertransference reactions are especially likely to occur in the postlude discussion phase where the therapist is engaged in face-to-face interactions with the client and where the client's transference reactions cannot be projected onto the music (Summer, 1998) or onto the imagery (Bruscia, 2002b), as they may have been in the previous phase. Furthermore, many of the negative experiences that the participants highlighted occurred in sessions that were facilitated by GIM trainees. Therefore, it is essential that GIM trainees and practitioners participate in their own therapy on a regular basis in order to become self-aware and take responsibility for their own issues. GIM trainers have an ethical responsibility to be especially vigilant and ensure to the best of their ability that their trainees are self-aware and have developed enough personal insight to be facilitating practice sessions independently.

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